

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000052918

Entity Name: WOODY'S REALTY, INC.

**FILED**  
**Dec 20, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

5833 US HWY 19  
SUITE #1  
NEW PORT RICHEY, FL 34652 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

5833 US HWY 19  
SUITE #1  
NEW PORT RICHEY, FL 34652 US

## **New Mailing Address:**

FEI Number: 59-3386813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

WODSTRCHILL, DANIEL L  
12353 ROSELAND DR.  
NEW PORT RICHEY, FL 34654 US

## **Name and Address of New Registered Agent:**

KELLY, DEBRA A  
5537 WELLFIELD DR  
NEW PORT RICHEY, FL 34655 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBRA KELLY

12/20/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: WODSTRCHILL, DANIEL L  
Address: 12353 ROSELAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DVS ( ) Delete  
Name: WODSTRCHILL, PATRICIA A  
Address: 12353 ROSELAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: KELLY, DEBRA A  
Address: 5537 WELLFIELD DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVS (X) Change ( ) Addition  
Name: WODSTRCHILL, MICHAEL D  
Address: 7331 CANVASBACK DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA KELLY

DPT

12/20/2007

Electronic Signature of Signing Officer or Director

Date